

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/766104

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2		/		/		
3		/		/		
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47		/		/		
48		/		/		
49		/		/		
50		/	2	/		
TOTAL IND.	2		48			
TOTAL DEP.	48		30			
TOTAL CLAIMS	50					

	IND	DEP	IND	DEP	IND	DEP
51		/		/		
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99						
100						
TOTAL IND.	0					
TOTAL DEP.	18		18			
TOTAL CLAIMS	18		18			